

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: NEW POSITION EXISTING POSITION

PART I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name KANSAS DEPARTMENT OF AGRICULTURE		9. Position No. K0219535	10. Budget Program Number	
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Food, Drug and Lodging Surveyor III		
3. Division Food Safety and Lodging		12. Proposed Class Title		
4. Section Food Safety		For Use By Personnel Office	13. Allocation	
5. Unit			14. Effective Date	
6. Location (address where employee works) City: County: Johnson			15. By	Approved
7. (Circle appropriate time) <input type="checkbox"/> Full time <input type="checkbox"/> Permanent Inter. <input type="checkbox"/> Part time <input type="checkbox"/> Temporary 100%			16. Audit Date: By: Date: By:	
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM TO: 5:00 PM			17. Audit Date: By: Date: By:	

Agency Number: 046

Position Number:

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name	Title	Position Number
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Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
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20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Employee is allowed a great deal of latitude in completing work. General instructions and guidelines are given to the employee and flexibility is permitted in executing the duties. Assignments are given both verbally and in writing. Assignments vary from highly detailed to very general in nature.

21. Describe the work of this position using this page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use and action verb); to **whom or** what is the action directed (object of action); **why** is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? What is it reviewed for?

Number Each Task and Indicate Percent of Time	
1) 40%	<p>Work includes performing inspections in their assigned territory, participating in training new field staff, coordinating disaster response, coordinating large foodborne illness outbreak response, scheduling projects, advising and assisting with difficult inspection situations, answering questions from field inspection staff and identify training needs and standardization needs of field staff to ensure consistency in the interpretation of regulations statewide.</p>
2) 30%	<p>Work involves the oversight of field inspection staff by analyzing and reviewing inspection reports, program and performance standards, coordinating the completion of annual inspections. This position conducts joint inspections with field staff to determine whether laws, rules and regulations are being correctly and uniformly interpreted. Sometimes extensive travel will be required to carry out these responsibilities.</p>
3) 15%	<p>This position consults with the program director and other staff relative to public health and safety problems concerning industry and consumers. Coordinate, conduct, and assists in educational seminars on sanitation and food safety for staff, industry and the public for the purpose of increasing consumer and industry knowledge regarding food safety when necessary.</p> <p>Assist in the analyzing and developing of new program methodology and policy. Coordinates and participates in the quality assurance, verification and standardization process for the program.</p> <p>Provide technical assistance and guidance for field staff as necessary.</p>
4) 10%	<p>Assign coverage in assigned area during staff leave, coordinate coverage with all necessary individuals, and discuss any trends that do not follow the program goals and objectives. Also assist with inspections that may be particularly sensitive for a variety of reasons.</p>
5) 5%	<p>Participate in special projects for the program as needed. Represent the agency at professional and public health meetings and perform other work as directed.</p>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
(x) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
() Plans, staffs, evaluates, and directs work of employees of a work unit.
() Delegates authority to carry out work of a unit to subordinate supervisors or managers.
- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Title	Position Number
FDLS I	K0219561
FDLS I	K0219562
FDLS I	K0214948
FDLS I	K0219559
FDLS I	K0050980

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23. Which statement best describes the results of error in action or decision of this employee?
() Minimal property damage, minor injury, minor disruption of the flow of work.
() Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.
(X) Major program failure, major property loss, or serious injury or incapacitation.
() Loss of life, disruption of operations of a major agency.

Please give examples.

Failure to perform effectively could permit regulated facilities to operate under conditions detrimental to the public's health and safety and allow adulterated foods or drugs to reach consumers.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

For purposes of responding to specific questions or issues, the employee weekly is in contact with industry representatives, local health officials, representatives of federal agencies, other state officials, including law enforcement, and occasionally legislators.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Subject to call back to work on a 24 hour basis and extensive statewide and nationwide travel.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Computer, office equipment, inspection tools, digital cameras all used on a daily basis.

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27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Bachelor of Science degree in a biological or physical science and two years of experience in environmental/public health or sanitation. Additional experience in the areas listed above may be substituted for the required education as determined relevant by the agency.

Preferred: Two years experience performing food service inspections

Education or Training – Special or Professional

Licenses, certificates and registrations

Valid drivers license.

Special knowledge, skills and abilities

Basic computer skills, strong oral and written communication skills, knowledge of regulations adopted and used by this program.

Experience – Length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Must be able to obtain commissioning by the U.S. Food and Drug Administration (FDA)

Signature of Employee

Date

Signature of Personnel Official

Date

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date